

PRINTED: 03/20/2009
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2009
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WHOLISTIC 03

1814 BUNKER HILL ROAD, NE
WASHINGTON, DC 20017

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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1000 INITIAL COMMENTS

A re-licensure survey was conducted from March 11, 2009 through March 13, 2009. The survey was initiated using the fundamental survey process. A random sample of three residents was selected from a resident population of two men and three women with various disabilities. The findings of the survey were based on observations, interviews with resident and staff in the home and at one day program, as well as a review of resident and administrative records, including incident reports.

1000

1090 3504.1 HOUSEKEEPING

The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.

1090

This Statute is not met as evidenced by:
Based on observation, the GHMRP failed to ensure the interior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and was free of accumulations of dirt, rubbish, and objectionable odors.

The findings include:

Observations of the GHMRP's environment on March 11, 2009 at approximately 7:45PM revealed the following:

Interior

1. Small hole in hallway linen closet door.

I 090.1

Hole in hallway linen closet door has been fixed

03/24/09

Health Regulation Administration

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Math Stens

TITLE

Vic Braden

(X5) DATE

3/30/09

STATE FORM

HHS

JKRF11

If continuation sheet 1 of 8

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1 090	Continued From page 1 2. Television stored on floor of front hall closet. 3. Knob loose on water faucet in bathroom on first floor. 4. Globe cover missing from light fixture in basement bathroom. 5. Ceramic pieces in basement bathroom shower stall. 4. Cover missing from the fluorescent light fixture in the basement. 5. Floor in the basement bathroom was sunken around the side of the commode. 6. Two small openings in the ceiling of the laundry room had peeling plaster. 7. Ceiling in Resident #2's bedroom was observed to have peeling plaster that was drooping from it's original foundation. 8. Ceiling in Resident #4 and Resident #6's bedroom was observed to have peeling plaster. (Note: The Qualified Mental Retardation Professional (QMRP) revealed that the ceiling in Resident #2, Resident #4 and Resident #6's bedrooms would be repaired on February 21, 2009) Exterior Gutter hanging from the rafter on the side porch.	1 090	I 090.2 Television stored on floor of front hallway closet has been removed I 090.3 Loose Knob on water Faucet in bathroom on first floor has been replaced. I 090.4 Globe cover for light in basement bathroom has been fixed. I 090.5 Ceramic pieces in basement bathroom shower stall have been removed I 090.4 Cover for the fluorescent light fixture in the basement has been fixed. I 090.5 The floor around the side of the commode in the basement bathroom has been fixed. I 090.6 The two small openings in the ceiling of the laundry room that had peeling plaster as stated, were not seen. I 090.7 The peeling plaster drooping from its original foundation in resident #2's bedroom ceiling has been fixed I 090.8 The peeling plaster that was observed in resident #4 and resident #6's bedroom has been fixed. Exterior The gutter hanging from the rafter on the side porch has been fixed.	03/24/09 03/25/09 03/25/09 03/25/09 03/25/09 03/25/09 03/25/09 03/25/09 03/25/09 03/26/09	
1 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	1 401			

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I 401	<p>Continued From page 2</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: The GHMRP failed to provide professional services that included both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident, for one of three residents in the sample. (Resident #2)</p> <p>The findings include:</p> <p>1. Review of Resident #2's, physician's medical assessment dated October 25, 2008, on March 11, 2009 at approximately 8:20AM revealed that the resident has a Stage II ulcer on his left ischial. Review of Resident #2's, Skin Assessment Sheets dated February 1-28, 2009, on March 11, 2009 at approximately 8:25 AM revealed the depth of the Stage II wound on the left ischial were not documented. In an interview with the Licensed Practical Nurse on March 11, 2009, at approximately 8:30 AM it was acknowledged the depth of the Stage II wound on the left ischial was not documented on the Skin Assessment Sheets. There was no documented evidence the depth of the Stage II wound on the left ischial was measured.</p> <p>2. Review of Resident #1's physician's order sheet (POB) dated February 19, 2009 on March 12, 2009 at approximately 11:00 AM revealed an order for Fibersource continuously 80 ml an hour</p>	I 401	<p>I 401. 1 The RN of the facility will ensure that Resident #2's stage II ulcer is measured weekly. The nurses will begin documenting the measurements on the monthly wound care assessment form every week. The RN will provide oversight and ensure that the documentation is implemented appropriately.</p>	04/01/09	

<p>I 401 Continued From page 3</p> <p>times twelve hours. Further review revealed an order to "check gastric tube for residual before starting feeding, if 200 ml hold times one hour and re-check". Review of Resident #1's HMCP dated August 20, 2008 and revised on February 3, 2009 on March 12, 2009 at approximately 11:10 AM indicated "assess for residual volume before feeding, feedings are to hold if residual is greater than 50% of the amount to be delivered in one hour". In an interview with the Licensed Practical Nurse (LPN) on March 12, 2009 at approximately 11:20 AM it was acknowledged the HMCP had not been updated to include the physician's order to "check gastric tube for residual before starting feeding, if 200 ml hold times one hour and re-check".</p> <p>There was no documented evidence the HMCP had been updated after February 3, 2009 to include the physician's order to "check gastric tube for residual before starting feeding, if 200 ml, hold times one hour and re-check".</p> <p>2. Review of Resident #2's, physician's medical assessment dated October 28, 2008, on March 11, 2009 at approximately 5:20AM revealed that the resident has a Stage II ulcer on his left ischial. Review of Resident #2's, Skin Assessment Sheets dated February 1-28, 2009, on March 11, 2009 at approximately 5:25 AM revealed the depth of the Stage II wound on the left ischial were not documented. In an interview with the LPN on March 11, 2009, at approximately 8:30 AM it was acknowledged the depth of the Stage II wound on the left ischial was not documented on the Skin Assessment Sheets. There was no documented evidence the depth of the Stage II wound on the left ischial was measured.</p> <p>3. Review of Resident #2's, POS dated February</p>	<p>I 401</p> <p>I 401.2 The RN will update the HMCP to reflect the Physician's order to hold any feedings if there is a residual of 200cc or more by 04/15/09</p>	<p>04/15/09</p>
<p>3. Review of Resident #2's, POS dated February</p>	<p>I 401.2 The RN of the facility will ensure that Resident #2's stage II ulcer is measured weekly. The nurses will begin documenting the measurements on the monthly wound care assessment form every week. The RN will provide oversight and ensure that the documentation is implemented appropriately.</p>	<p>04/01/09</p>

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I 401	Continued From page 4 19, 2009, on March 11, 2009 at approximately 8:22 AM revealed that the client was to be turned every two hours. Review of Resident #1's HMCP dated November 14, 2008, and revised on February 11, 2009 on March 12, 2009 at approximately 5:11 PM revealed under Hazards of Immobility "turn and re-position every two hours and whenever necessary". Review of the January-February-March 2009 re-positioning charts on March 13, 2009 at approximately 12:00 PM revealed the resident was not re-positioned every two hours as ordered as evidenced by: a. January 1, 2009 at 8:00 AM- (S) reclined in bed; b. January 1, 2009 at 8:00 AM- (S) reclined in bed; c. February 1, 2009 at 10:00 PM- (RS) right sidelying; d. February 1, 2009 at 12:00 AM- (RS) right sidelying; e. February 2, 2009 at 2:00 PM- (S) reclined in bed; f. February 2, 2009 at 4:00 PM- (S) reclined in bed; g. February 23, 2009 at 2:00 PM- (S) reclined in bed; h. February 23, 2009 at 4:00 PM- (S) reclined in bed; i. March 2, 2009 at 10:00 PM- (RS) right sidelying;	I 401	I 401.3 a., b., c., d., e., f., g., h., i., j., k. & l. The RN will provide training to staff on how to accurately document positioning changes by 4/30/09.	04/30/09

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I 401	<p>Continued From page 5</p> <p>j. March 2, 2009 at 12:00 AM- (RS) right sidelying;</p> <p>k. March 2, 2009 at 2:00 AM- (LS) left side lying</p> <p>l. March 2, 2009 at 4:00 AM- (LS) left side lying</p> <p>In an interview with the Registered Nurse (RN) on March 13, 2009 at approximately 2:00 PM it was acknowledged Resident #2 was not consistently turned and re-positioned every two hours. There was no documented evidence the resident was consistently turned and re-positioned every two hours.</p> <p>4. Observation of the medication pass on March 11, 2009, at approximately 7:25 PM revealed Resident #3 was administered Keppra 750 mg by mouth by the LPN. Interview with the LPN on March 11, 2009, at approximately 7:25 PM revealed Resident #3 was prescribed Keppra 750 mg for seizure management. Review of Resident #3's physician's orders dated February 19, 2008, on March 13, 2009, at approximately 1:05 PM confirmed Resident #3 was prescribed Keppra 750 mg for seizure management. Further review revealed the POS did not include orders for Keppra laboratory values to be drawn. There was no documented evidence that the Primary Care Physician (PCP) ordered Keppra laboratory values to be drawn.</p>	I 401	<p>I 401. 4</p> <p>Resident #3 does not require Keppra blood draws on a routine basis, per his Neurologist - Dr. Shuelin. After further discussion with Dr. Sheulin, it was explained that since Keppra is not broken down in the liver, and it is eliminated through the kidneys instead, it doesn't require blood level tests. This is one of the known benefits of Keppra to other antiepileptic medications. Furthermore, the PCP is not responsible for ordering neurology based lab values, as this the responsibility of the Specialist/Neurologist, Dr. Sheulin. However, Dr. Sheulin will request Keppra level on as needed basis. For example, she requested levels on 10/15/08 and the results on 10/20/08 were WNL (see attached lab results). Wholistic will continue to obtain Keppra results as prescribed by the Neurologist and will therefore not add it as a standing order on the POS.</p>		